

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-042926 ✓

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5872 STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Frank Ellis MEDICAL CERTIFICATION

|  |                                  |   |   |
|--|----------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>  |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>                  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR <b>Kansas City</b>   |                                  | c. CITY OR TOWN <b>Kansas City</b>  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>General Hospital</b>   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>3420 E. 25th Street</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  |
| 3. NAME OF DECEASED<br>(Type or print) <b>Hazel Pearl Shuman</b>   |                                  | 4. DATE OF DEATH<br>Month <b>November</b> Day <b>17</b> , Year <b>1962</b>  |   |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>3-26-1900</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>At The Home</b>   | 9. AGE (last birthday)<br><b>62</b><br>IF UNDER 1 YEAR: Months <input type="checkbox"/> Days <input type="checkbox"/><br>IF UNDER 24 HR: Hours <input type="checkbox"/> Min. <input type="checkbox"/> |
| 11. BIRTHPLACE (City and state or country)<br><b>Wichita, Kansas</b>   |                                  | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>  |   |
| 13a. FATHER'S NAME<br><b>John C. Hitchcock</b>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Pearl Gipe</b>  |   |
| 14. NAME OF HUSBAND OR WIFE<br><b>Mr. William A. Shuman</b>  |                                  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>                                    |   |
| 16. SOCIAL SECURITY NO.<br><b>[REDACTED]</b>   |                                  | 17. INFORMANT<br>Address<br><b>Mr. William A. Shuman-3420 E. 25th K.C., Mo</b>  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Uremia</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____<br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                                  | 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   |   |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |                                  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |   |
| 20c. TIME OF INJURY<br>Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.<br>Month, Day, Year  |                                  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |   |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |                                  | 20f. CITY, TOWN, OR LOCATION<br><b>11-14-62</b> <b>11-17-62</b> and last saw her alive on <b>11-17-62</b>   |   |
| 21. I attended the deceased from <b>11-14-62</b> <b>11:45</b> to <b>11:45</b> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.  |                                  | 22a. SIGNATURE <b>[Signature]</b> (Degree or title)   |   |
| 22b. ADDRESS<br><b>2400 Cherry</b>   |                                  | 22c. DATE SIGNED<br><b>11-19-62</b>   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                                  | 23b. DATE<br><b>Nov. 21-1962</b>  |   |
| 23c. NAME OF CEMETERY OR CREMATORY<br><b>Green Lawn Cemetery</b>   |                                  | 23d. LOCATION (City, town, or county) (State)<br><b>Kansas City, Missouri</b>   |   |
| 24. FUNERAL DIRECTOR<br><b>D.W. Newcomer's Sons-North Kansas City, Mo.</b>   |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>11-21-62</b>   |   |
| 26. REGISTRAR'S SIGNATURE<br><b>[Signature]</b>  |                                  |   |   |

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Marvin D. Preston*

Licensed Embalmer No. 5040

P. O. Address No. K. C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.